



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR- 04-10345-NMG	
DEFENDANT MOHAMMED ABDUL AZIZ QURAISHI		TYPE OF PROCESS FINAL ORDER OF FORFEITURE	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize John J. Commisso, Esq., Counsel for Mohammed Abdul Rasheet Quraishi		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) Kelly, Libby & Hoopes, P.C., 175 Federal Street, Boston, MA 02110		
Send NOTICE OF SERVICE copy to Requester: Kristina E. Barclay, Assistant U.S. Attorney United States Attorney's Office One Courthouse Way Boston, MA 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) Please serve notice of a copy of the attached Final Order of Forfeiture to the above named individual by certified mail, return receipt requested. DM x3673			
Signature of Attorney or other Originator requesting service on behalf of <input type="checkbox"/> Defendant <input checked="" type="checkbox"/> Plaintiff		Telephone No. 617-748-3100	Date 10/4/06
SIGNATURE OF PERSON ACCEPTING PROCESS:			Date
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:
Date			
I hereby Certify and Return That I <input type="checkbox"/> PERSONALLY SERVED, <input type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input checked="" type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
<input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		<input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service <input type="checkbox"/> AM <input type="checkbox"/> PM
		PLEASE SEE REMARKS SECTION BELOW	
		Signature, Title and Treasury Department Mary Lou Gilman, Forfeitures Specialist	
REMARKS: The above described Order was served by certified mail (copy attached) # 7001 2510 0003 4299 5150. Mailed on October 11, 2006. Postal records indicate delivery/receipt on October 12, 2006.			

TD F 90-22.48 (6/96)

☐ RETURN TO COURT ☐ FOR CASE FILE ☐ LEAVE AT PLACE OF SERVICE ☐ FILE COPY


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- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

John J. Commisso, Esq.
Kelly, Libby & Hoopes, P.C.
175 Federal St.
Boston, MA 02110

Article Number

(Transfer from service label)

7001 2510 0003 4299 5150

3 Form 3811, August 2001

2005 0401 00030 01

Domestic Return Receipt

102595-01-M-01

<http://trkcnfrm1.sml.usps.com/F1>

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X. Troilinger

☐ Agent
☐ Address

B. Received by (Printed Name)

Troilinger

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

JOHN F. KENNEDY STA BOSTON MA		OCT 11 2006		02114 USPS	
Postage	\$	Certified Fee	\$	Return Receipt Fee (Endorsement Required)	\$
Restricted Delivery Fee (Endorsement Required)		Total Postage & Fees		\$	

Sent To
John J. Commisso, Esq.
Street, Apt. No. Kelly, Libby & Hoopes, P.C.
or PO Box No.
City, State, Zip+4 175 Federal St.

0515 6624 E000 0152 100
10/25/2006